



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 BUS SVCS DIV  
 2017 OCT 31 PM 12:07

Annual Report for the year: 2017  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>788936</b>		2. Exact name of the Limited Liability Company <b>Transport LLC</b>			
3. NAICS Code <b>531110</b>		4. Brief description of the character of business conducted in Rhode Island <b>Construction</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>200 Midway Rd unit 8471</b>		City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>THOMAS BARBOSA</b>			Contact Title <b>MANAGER</b>		
Street Address <b>200 Midway Rd UNIT 8471</b>		City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
Name of Authorized Person <b>THOMAS BARBOSA</b>				Date <b>10/31/17</b>	
Signature of Authorized Person <i>Thomas Barbosa</i>					

**FILED**

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

OCT 31 2017  
 BY 316332  
 A.A.